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CONFIRMATION NO. 9629

SERIAL NUMBER 10/005,695	FILING DATE 11/07/2001 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 37610-6049
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APPLICANTS

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*Verified
Pr 5.6.*

** CONTINUING DATA *****

This appln claims benefit of 60/246,826 11/08/2000

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Pr 5.6.*

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 01/02/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY WA	SHEETS DRAWING 22	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
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ADDRESS

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TITLE

Method and apparatus for personalized medical prescription services

FILING FEE RECEIVED 540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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